Final Report to the Senior Citizens' Secretariat, Research Fund on Aging

URINARY INCONTINENCE IN THE INSTITUTIONALIZED AND NON-INSTITUTIONALIZED ELDERLY

John Higgin, MD *
Department of Obstetrics and Gynecology
Faculty of Medicine, University of Calgary

Jean Parboosingh, MD, MSc **
Carewest and Department of Community Health Sciences
Faculty of Medicine, University of Calgary

March 1989

* Department of Obstetrics
Peter Lougheed Centre
Calgary General Hospital
Calgary, Alberta

** Carewest Administrative Centre
1070 Mc Dougall Road NE
Calgary, Alberta
T2E 7Z2

DISCUSSION

The study has demonstrated that the problem of urinary incontinence is common even among the active members of a community Seniors' Centre and that it occurs in almost three quarters of the institutionalized elderly. This supports the existing literature. The finding of a positive association with increasing age supports some previous studies, but is in contrast to others. The reported preponderance of females has again been demonstrated. The fact that males are significantly more likely to have informed their physician of the problem than females suggests that the latter are perhaps more likely to accept this as a specific affliction of aging for women. This points to an area of educational need that is relatively easily addressed. Women, in particular, need to be informed that UI is not to be accepted without adequate investigation and treatment.

The dearth of investigations even after the condition is reported to physicians also suggests that practising physicians need to be convinced of the prevalence of the problem and that they also must be educated not to ignore this condition. The results of this study

will be conveyed to the family physicians in Calgary. It is intended that the Carewest medical staff be involved in developing a protocol for the investigation of UI for residents within the facilities and it is hoped that the use of this protocol will extend into the community.

There are risk factors that are immutable, such as age and sex, but others may be subject to intervention. The strong association found between a history of hysterectomy and UI could be interpreted in two ways: either there is a causal relationship or hysterectomy was a life-saving procedure that allowed those women to survive to develop UI. The study did not identify the reason for hysterectomy, hence is unable to determine whether the latter is true. However, there is biological plausibility to the association of UI with hysterectomy, as the disruption of the normal anatomical support of the bladder is known to be related to the development of UI. The hysterectomy rate may have changed over the years as a result of efforts within the medical profession to reduce rates of surgery; this study was not designed to determine this. However, if this has occurred there may be a reduction in the prevalence of UI in future cohorts of women. This requires further study.

The association of prostatectomy in men and pelvic floor repair and other bladder surgery with the presence of UI also requires further study, as the cross-sectional nature of this study does not allow for the determination of a causal relationship. The effectiveness of these procedures in treating UI, particularly if there has been no adequate diagnosis prior to surgery, is open to speculation. The Report of Consensus Conference recommends that surgical procedures be carried out after rigorous investigation and after other methods of treatment have been tried.

Community-living individuals with UI are willing to try a multitude of strategies to alleviate their problem, as is shown by the frequency

with which they reported on their coping strategies, such as restriction of fluids. This suggests that they are willing to participate in programs to prevent the development of UI. Unfortunately, there has been little research done in this area. Pelvic floor exercises and other behavioural techniques have been used mainly as treatment modalities and have not been evaluated as preventive measures. The identification of risk factors, such as increasing age, being female and having had a hysterectomy allows for targetting of UI prevention programs to this group. Evaluation of the effectiveness of such programs will require a long follow up period. However, the prevalence of this condition and its cost implications, financial and social, are such that prevention programs should be developed and evaluated.

The investigation and treatment/management of UI in the institutional setting must be addressed. Improvement of the quality of life of the institutional population would result from amelioration or cure of their UI. This could also have an impact on the allocation of financial resources and staff in the management of incontinence within the institutions. The development and use of protocols is part of the solution; trained staff and resources need to be made available in this setting. More stress needs to be placed on assessing individuals with UI on admission to determine whether they have been adequately investigated and treated before accepting that UI must be managed by the best available method. The ideal result of the introduction and use of a protocol for investigation and treatment/management of UI in the elderly would be the implementation of such at a stage prior to referral to admission to a long term care institution. Given that all referrals to long term care in the province eventually will be through a single point of entry system, there is a possibility that this could be the point at which influence could be brought to bear.

Training of physicians, nurses and rehabilitation therapists as specialists in this area must be a priority. Easily accessible clinics for the investigation and treatment of UI in the elderly are also necessary. This will have a direct impact on the quality of life of the community-living elderly.

In conclusion, the study has demonstrated that there is a great need for educational programs for both the elderly and for health care professionals to raise their awareness of the problem of UI and potential solutions. The identification of risk factors will allow for the development of preventive strategies. More research will be necessary to evaluate the impact of programs, which are developed as a result of this study. In a climate of fiscal responsibility, it is imperative that the effectiveness of programs be evaluated.